

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107560188

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
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11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16	1		1			
17		1		1		
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20		1		1		
21	1		1			
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45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		21	←		←
TOTAL CLAIMS		26				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						